DCS Resource Parent

Paper Invoicing Guide

(Version 3.1; Updated November 2016)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Available to Licensed Foster Parents</td>
<td>4</td>
</tr>
<tr>
<td>Other Payments to Foster Parents Receiving Per Diem</td>
<td>5</td>
</tr>
<tr>
<td>General Instructions for Completing an Invoice (i.e. Claim for Support of Children)</td>
<td>6</td>
</tr>
<tr>
<td>Per Diem</td>
<td>8</td>
</tr>
<tr>
<td>Example Invoice for Per Diem</td>
<td>9</td>
</tr>
<tr>
<td>Personal Allowance</td>
<td>10</td>
</tr>
<tr>
<td>Birthday / Holiday Allowance (i.e. Special Occasion Allowance)</td>
<td>11</td>
</tr>
<tr>
<td>Example Invoice for Personal Allowance &amp; Birthday Allowance</td>
<td>12</td>
</tr>
<tr>
<td>Initial Clothing &amp; Personal Items Allotment</td>
<td>13</td>
</tr>
<tr>
<td>Example Invoice – Initial Clothing &amp; Personal Items Allotment</td>
<td>14</td>
</tr>
<tr>
<td>Invoicing for Foster Parent Travel (Receiving Per Diem)</td>
<td>15</td>
</tr>
<tr>
<td>Example Foster Parent Travel Invoice (Receiving Per Diem)</td>
<td>16</td>
</tr>
<tr>
<td>Assistance for Unlicensed Relatives</td>
<td>17</td>
</tr>
<tr>
<td>Payments Made to Unlicensed Relative Placements</td>
<td>18</td>
</tr>
<tr>
<td>Invoicing for Resource Parent Travel (NOT Receiving Per Diem)</td>
<td>19</td>
</tr>
<tr>
<td>Example Resource Parent Travel Invoice (NOT Receiving Per Diem)</td>
<td>20</td>
</tr>
<tr>
<td>Resource Parent Reimbursement of Child Care Expenses</td>
<td>21</td>
</tr>
<tr>
<td>Example Invoice – Resource Parent Reimbursement of Child Care Expenses</td>
<td>22</td>
</tr>
<tr>
<td>Invoicing DCS for Expenses for Medical Treatment / Dental Care / Prescription Meds For a Child in Your Care</td>
<td>23</td>
</tr>
</tbody>
</table>

*(More on next page)*
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example Invoice – Medical / Dental / Prescription Expenses</td>
<td>24</td>
</tr>
<tr>
<td>Invoice Completion &amp; Submission Reminders</td>
<td>25</td>
</tr>
<tr>
<td>Guidelines for Receipts</td>
<td>26</td>
</tr>
<tr>
<td>Per Diem Invoice Submission Check-List</td>
<td>27</td>
</tr>
<tr>
<td>Invoice Submission Check-List (Other Expenses)</td>
<td>28</td>
</tr>
<tr>
<td>Invoice Submission</td>
<td>29</td>
</tr>
<tr>
<td>Vendor Forms (W-9 &amp; Direct Deposit Forms)</td>
<td>30</td>
</tr>
<tr>
<td>KidTraks Vendor Portal Access via KidTraks User Agreement</td>
<td>31</td>
</tr>
<tr>
<td>Additional Information Available</td>
<td>32</td>
</tr>
</tbody>
</table>
Payments Available to Licensed Foster Parents

• **Per Diem** – Daily payment amount, generally invoiced monthly for each child placed in the home of a licensed foster parent. Billing information (i.e. daily rate, billing codes, etc.) can be found on the child’s Individual Child Placement Referral (ICPR).

• **Personal Allowance** – up to $300 per child per calendar year; available after the 8th day of placement.

• **Special Occasion Allowance** - $50 for birthday and $50 during December holidays.

• **Initial Clothing** – up to $200 within 60 days of initial placement, following removal from the home.

• **Travel** for certain purposes over approx 165 miles per month.

• **Educational Needs Funding** for the cost of a High School Equivalency Certificate, tutoring and summer school.

**PLEASE NOTE**: All above expenses require a referral except for Special Occasion Allowance and Travel.
## Other Payments Available to Foster Parents Receiving Per Diem

**Clothing**
- **Initial clothing & personal allotment**: $200 maximum per child
- **Ongoing clothing**: No - a request is required unless initial
- **School uniforms**: No - a request is required unless initial
- **Sudden weight gain or loss**: No - a request is required
- **Other uniforms (sports, band)**: Personal Allowance
- **Special Circumstances**: Personal Allowance
  - Prom
  - Other special occasion

**Supplies**
- **School supplies**: No - per diem funds
- **Personal incidents**: No - per diem funds
- **Phone cards**: No

**Education**
- **Application fees**: Personal Allowance
- **Class pictures**: Personal Allowance
- **Computer hardware/software**: Personal Allowance
- **Driver's education**: Personal Allowance (unless eligible for IL)
- **Electronic devices (laptop, etc)**: Personal Allowance
- **Extra curricular activities**: Personal Allowance
- **Field trips**: Personal Allowance
- **Graduation Items**: Personal Allowance
- **Preschool**: Personal Allowance - if school not obligated
- **Alternative schools**: No
- **Book rental fees**: D.O.E. Cannot charge for Wards
- **Summer school/programs**: Yes
- **Tutoring**: Yes

**Miscellaneous**
- **Day Care/Respite**: No
- **Bed & Bedding**: No
- **Car seat**: Contact Foster Care Specialist

**Special Occasion Allowance**
- **Birthday - $50 (no referral)**: must be in foster care on day of birthday
- **December holiday - $50 (no referral)**: must be in foster care on December 25th

### Client Travel

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td>In excess of approx 162 miles per month</td>
</tr>
<tr>
<td>Bus Passes</td>
<td>No</td>
</tr>
<tr>
<td>Transportation vouchers</td>
<td>No</td>
</tr>
<tr>
<td>Gas Cards</td>
<td>No</td>
</tr>
<tr>
<td>Taxi</td>
<td>No</td>
</tr>
</tbody>
</table>

### Recreation

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team sports leagues</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Lessons (sports, music, dance)</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Special events</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Summer camp</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Musical instruments</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Sporting equipment</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Youth club dues</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Community center dues</td>
<td>Personal Allowance</td>
</tr>
</tbody>
</table>

### Initial Clothing
- Available anytime within the first 60 days of placement. Purchase must be made within 30 days of receipt of voucher/referral

### Personal Allowance
- Each child will receive an annual personal allowance up to $300 per calendar year. The child must be in placement 8 consecutive days to qualify. Service referral is needed.

### Car Seats
- DCS will pay for the car seat if needed at the time of initial removal or unplanned/emergency placement when one is not readily available. Cars seats are to be purchased through the QPA vendor and inventoried at the local county DCS offices for distribution as needed.

### Travel Reimbursement
- Must be in excess of 162 miles per month and paid at the state rate, available at: [www.in.gov/idoa/2459.htm](http://www.in.gov/idoa/2459.htm). No referral needed unless exception to policy.

### Request for Additional Funding
- The FCM will complete and submit for approval SF 54870 Request for Additional Funding form. Detail unusual circumstances, the exact reason the service/item is needed and efforts made to locate alternative funding, including community supports and services, prior to the expenditure of any additional funds. Approval or Denial will be copied to the Regional Finance Manager.
General Instructions for Completing an Invoice (i.e. Claim for Support of Children)

- **BOX 1. Name of vendor** - This is your legal name used on the Vendor Forms when submitted to start receiving payment from DCS.
- **BOX 2. Last 4 digits of Tax ID / SSN** - Last 4 digits of your SSN.
- **BOX 3. ST Number** - This is the DCS Vendor ID that was assigned when you signed up as a vendor to receive payment from DCS.
- **BOX 4. Invoice Number** - This is a unique identifier that you create for each invoice and can be anything up to 8 total characters; i.e. letters, numbers and/or characters, as long as no longer than 8 total. **THIS IS REQUIRED ON EVERY INVOICE AND MUST BE DIFFERENT ON EVERY INVOICE.** Examples (“Mar2016” or “Apr2016”)
- **BOX 5. Date of Invoice** - This is the current date when submitting an invoice. This date has to be within 10 business days of the date your invoice is stamped into our office and must be after the last date of placement you’re billing for. The best practice is to use the date you mail your claim as your invoice date. ***Please do not date or mail your invoice until AFTER the last date you are billing. For example, your invoice with April placement dates should have an Invoice Date of May 1st or after and should be mailed on or very near the May 1 Invoice Date.***
- **BOX 6. Address** - This is your current and complete address (including city, state, zip). This address MUST match the address we have in our system in order for us to process your claim. **IMPORTANT: If you move, you must complete a W-9 timely to have your address changed with our office. Failure to do so will likely result in payment delays.**
- **BOX 7. Invoice Type** - If it is the first time you are billing an expense, you would mark First Bill. If it is something you are rebilling after a denial, you would mark Re-Bill. If it is something you are appealing as it’s over 90 days old, you would mark Appeal.
- **BOX 8. Page _____ of _____ Pages** - This is the number of pages your invoice contains. For example, if your invoice is 1 page, you would enter Page 1 of 1 Pages. If your invoice is 2 pages, you would enter 1 of 2 on the first page and 2 of 2 on the second page.
- **BOX 9. Invoice Service Type** - Please check the box for “Foster Parent.”
- **BOX 10. For the period** - This is the first and last days of the month being billed on the invoice. For example, if you are billing for placement dates of 1/1/2016 thru 1/17/2016, or for a purchase made 1/20/2016 then the period would be “From January 1, 2016 To January 31, 2016.”
- **BOX 11. Total of Claim** - This is the sum of all the invoice lines you are billing.
- **BOX 12. County** - This is the county of the case.
- **BOX 13. Billable Unit Referral ID** - When billing for per diem, this is the PL# that is located near the bottom of the child’s ICPR. When billing for Personal Allowance, this is the RF number from the service referral. Please leave blank when billing for birthday or holiday allowance, as there is no referral for those.
General Instructions for Completing an Invoice
(i.e. Claim for Support of Children) (cont’d)

- **BOX 14. Case #** - This is found near the bottom of the child’s ICPR.

- **BOX 15. Name/Comments/Documentation** - Name of the foster child, plus any additional information that would help explain anything unusual about the expense. For example, please provide some explanation if submitting an Appeal for an expense more than 90 days old; also when a receipt date is outside of normal purchase timeline for a birthday or holiday gift.

- **BOX 16. Billing Code** - The Billing Code is found near the bottom of the child’s ICPR or in the gray bar of the service referral.

- **BOX 17. Dates of Service Begin** - First day of the month you’re billing for when billing per diem (OR date of purchase for other expenses).

- **BOX 18. Dates of Service End** - For expenses other than per diem, this is date of purchase. For per diem, this is the last day of placement for the billing month. Please remember that DCS pays for the day the child enters placement, but not the day the child leaves. For example, if you are billing for per diem for the month of March [31 days], and the child left your home on March 31st, then you can claim only through March 30th [30 days].

- **BOX 19. Unit** - When billing per diem, this is the number of days you are claiming. Example (31 days=31 units). When invoicing for purchases, please use the number “1” for Unit.

- **BOX 20. Rate** - For per diem, this is the dollar amount on the child’s ICPR that was determined by the Child & Adolescent Needs and Strengths (CANS) assessment. If there is a change in rate for any reason, the child will receive a new ICPR with a new PL#. If this occurs mid-month, per diem will need to be submitted on 2 invoice lines for the child, using information from each ICPR for each invoice line. When billing for purchases, please use the actual purchase amount(s) for rate. Multiple purchases on the same date for the same child can be combined into 1 invoice line with the total amount spent for Rate.

- **BOX 21. Total Cost** - This total is arrived at by multiplying the number of units by the rate you are billing. For example: 31 units [days] at a rate of $20.47 would be $634.57 Total Cost.

- **BOX 22. Signature of vendor** - This is the signature of the person who is on the vendor forms that you submitted to receive payments. THIS IS REQUIRED AND MUST BE AN ORIGINAL SIGNATURE. COPIES ARE NOT ACCEPTABLE AND WILL RESULT IN PAYMENT DELAYS. ALL PAGES MUST BE SIGNED. BLUE INK IS RECOMMENDED.

- **BOX 23. Telephone number of vendor** - Please provide the phone number that provides the best chance of contacting you during business hours if there is an issue with your invoice.

- **BOX 24. E-mail address of vendor** - Please provide the best email contact for us to be able to send correspondence if there is an issue with your invoice.

- **BOX 25. Date** - This is the date that you sign the invoice; should be current and should be the same date as Date of Invoice (box 5)
• Licensed foster parents are entitled to a daily payment amount for each child placed in their home by DCS. These payments are meant to cover the reasonable cost of food, clothing, shelter, daily supervision, travel expenses for visitation with the child’s family and travel to and from the child’s school, personal incidentals for the child, and school supplies.

• Foster parents should receive for each child placed with them an Individual Child Placement Referral (ICPR), which includes the daily rate of payment, as well as information needed to invoice for per diem (i.e. Billable Unit Referral ID [PL number], Case ID and Billing Code).

• New ICPR’s are generated at the beginning of each calendar year and on those occasions when a child changes category of service or age category.

• Please remember that DCS pays for the day the child arrives in your home, but not the day the child leaves. So if a child arrived on the 5th and left on the 10th, you would bill for 5 days (5th thru the 9th).

• Per diem should be submitted on a separate invoice from any other expenses so that processing of the higher-dollar per diem invoices can proceed as quickly as possible, generally 7-14 business days from the date the invoice is received.

• Additional information is available in the DCS Foster Parent Provider Manual, available at: www.in.gov/dcs/2985.htm
**Example Invoice for Per Diem**

Please note that original signature is required in box 22 as are current dates in box 5 & 25

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**CLAIM FOR SUPPORT OF CHILDREN**
Payable from Family and Children Funds

1. **Name of vendor**: JANE DOE
2. **Last four digits of Tax ID/SSN**: 1234
3. **ST number**: ST00001234
4. **Invoice number**: JUN-16
5. **Date of invoice**: 7/1/2016
6. **Address (number and street, city, state, and ZIP code)**: 123 FOSTER STREET, ANYTOWN, IN 46789
7. **Invoice Type**: ☑ First Bill, ☑ Rate Adjust, ☐ Re-Bill, ☐ Appeal
8. **Page**: 1 of 1 Pages
9. **Invoice Service Type**:
   - ☐ Residential
   - ☑ LCPA
   - ☑ Relative
   - ☑ Foster Parent
   - ☐ Family Preservation
   - ☐ Older Youth
   - ☐ Adoption
   - ☐ Home Builders
   - ☐ CMHC
   - ☐ Medicaid
   - ☐ Group
   - ☐ Court
   - ☐ Reports
10. **For the period**:
    From: JUNE 1, Year 2016 to JUNE 30, Year 2016
11. **Total of Claim**: $1,280.70

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**CHILDREN FOR WHOM SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE**

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>BILLABLE UNIT REFERRAL ID</th>
<th>CASE ID</th>
<th>NAME / COMMENTS / DOCUMENTATION</th>
<th>BILLING CODE</th>
<th>BEGIN DATE</th>
<th>END DATE</th>
<th>RATE</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MARION</td>
<td>PL-123456</td>
<td>12345678 JOHNNY WARD</td>
<td>20721.11478</td>
<td>06/01/16</td>
<td>06/30/16</td>
<td>30.00</td>
<td>614.10</td>
</tr>
<tr>
<td>2</td>
<td>HENDRICKS</td>
<td>PL-234567</td>
<td>23456789 JANIE DOE</td>
<td>20721.11480</td>
<td>06/01/16</td>
<td>06/30/16</td>
<td>30.00</td>
<td>666.60</td>
</tr>
</tbody>
</table>

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

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**Signature of vendor**: Jane Doe
**Telephone number of vendor**: 317-555-1234
**E-mail address of vendor**: JANE.DOE@GMAIL.COM
**Date (month, day, year)**: 7/1/2016

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**Pursuant to the provisions of Indiana Code 5-11-10-1, I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.**
Up to $300 **Personal Allowance** is available per calendar year for each child in placement, starting day 8 of placement, for items such as computer hardware & software, field trips, class pictures, extracurricular activities, musical instruments, sporting equipment, electronic devices (e-readers, laptops, iPod, Xbox, etc.), prom dress or other special occasion clothing.

When an item to be purchased with **Personal Allowance** funds is identified, please contact the child’s Family Case Manager (FCM), as a referral is needed in order to proceed with the purchase and to obtain reimbursement. Please note also that the referral period will need to include date(s) of purchase.

When invoicing for reimbursement, be sure to use the Billable Unit Referral ID (i.e. RF number), Case ID and Billing Code from the referral.

**Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).

These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is 35-45 days from the date the invoice is received.

**The following items are not permitted**: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, VISA, Wal-Mart, etc.), cash, checks or money orders.

Additional information regarding Personal Allowance is available in the DCS Foster Parent Provider Manual, available at: [www.in.gov/dcs/2985.htm](http://www.in.gov/dcs/2985.htm)
Birthday / Holiday Allowance (i.e. Special Occasion Allowance)

- Resource parents are encouraged to purchase birthday & holiday gifts for children in their care. DCS will reimburse resource parents up to $50 for Birthday Allowance for each child placed with them on the child’s birthday and up to $50 for Holiday Allowance for each child placed with them December 25th.

- Invoices for Birthday Allowance can be submitted on or after the child’s birthday; invoices can be submitted for Holiday Allowance on or after December 25th.

- There are no referrals for Birthday or Holiday Allowances, so when invoicing, Billable Unit Referral ID will be blank. Please provide Case ID and Person ID from the Child’s ICPR. Billing Code is 30002.11492 for Holiday Allowance and 30002.11493 for Birthday Allowance.

- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is 35-45 days from the date the invoice is received.

- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).

- **The following items are not permitted:** piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, VISA, Wal-Mart, etc.), cash, checks or money orders.

- Additional information regarding the Special Occasion Allowance is available in the DCS Foster Parent Provider Manual, available at: [www.in.gov/dcs/2985.htm](http://www.in.gov/dcs/2985.htm)
# Example Invoice for Personal Allowance & Birthday Allowance

Please note that original signature is required in box 22; Also please attach legible copies of receipt(s)

## Claim for Support of Children

Payable from Family and Children Funds

![State Form 28808 (R16 / 10-15) / DCS 0327](#)

Approved by State Board of Accounts, 2015

INDIANA DEPARTMENT OF CHILD SERVICES

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<table>
<thead>
<tr>
<th>Name of vendor</th>
<th>Last four digits of Tax ID/SSN</th>
<th>ST number</th>
<th>Invoice number</th>
<th>Date of invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANE DOE</td>
<td>1234</td>
<td>ST00001234</td>
<td>JUN-16</td>
<td>7/1/2016</td>
</tr>
</tbody>
</table>

2. Last four digits of Tax ID/SSN: 1234
3. ST number: ST00001234
4. Invoice number: JUN-16
5. Date of invoice: 7/1/2016

### Children for Whose Support and Allowances are Due and Payable

<table>
<thead>
<tr>
<th>#</th>
<th>COUNTY</th>
<th>BILLABLE UNIT REFERRAL ID</th>
<th>CASE ID</th>
<th>NAME / COMMENTS / DOCUMENTATION</th>
<th>BILLING CODE</th>
<th>BEGIN</th>
<th>END</th>
<th>UNIT</th>
<th>RATE</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MARION</td>
<td>RF0012345</td>
<td>12345678</td>
<td>JOHNNY WARD - SWIMMING LESSONS</td>
<td>30002.11</td>
<td>06/05/16</td>
<td>06/05/16</td>
<td>1</td>
<td>150.00</td>
<td>150.00</td>
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<tr>
<td>2</td>
<td>HENDRICKS</td>
<td>RF0023456</td>
<td>23456789</td>
<td>JANIE DOE - SOCCER LEAGUE FEES</td>
<td>30002.14</td>
<td>06/12/16</td>
<td>06/12/16</td>
<td>1</td>
<td>60.00</td>
<td>60.00</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
<td>HENDRICKS</td>
<td>23456789</td>
<td></td>
<td>JANIE DOE (PID 34567890) - Birthday Allowance</td>
<td>30002.11493</td>
<td>06/17/16</td>
<td>06/17/16</td>
<td>1</td>
<td>50.00</td>
<td>50.00</td>
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|---|---|------|---|---|---|---|---|---|
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| 6 |   |       |   |   |   |   |   |   |
| 7 |   |       |   |   |   |   |   |   |
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| 12|   |       |   |   |   |   |   |   |
| 13|   |       |   |   |   |   |   |   |
| 14|   |       |   |   |   |   |   |   |
| 15|   |       |   |   |   |   |   |   |
| 16|   |       |   |   |   |   |   |   |

### Total of Claim

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</tbody>
</table>

$260.00

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11. Total of Claim: $260.00

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Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

---

22. Signature of vendor: JANE DOE
23. Telephone number of vendor: 317-555-1234
24. E-mail address of vendor: JANE.DOE@GMAIL.COM
25. Date (month, day, year): 7/1/2016

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**CLAIM FOR SUPPORT OF CHILDREN**
Payable from Family and Children Funds

State Form 28808 (R16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015

INDIANA DEPARTMENT OF CHILD SERVICES

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November 2016

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Page 12
Initial Clothing & Personal Items Allotment

- When a child is first removed from the home, up to $200 is available during the first 60 days for **needed** clothing and personal items such as socks, shoes/boots, coats, toiletries, personal hygiene items, undergarments and hair products.

- When such a need is identified, contact the child’s Family Case Manager (FCM), as a referral is needed in order to proceed with the purchase and to obtain reimbursement. It’s also important that the referral period will need to include date(s) of purchase.

- Vouchers are available in some areas of the state, whereby the store will invoice DCS directly. The child’s FCM can advise whether that is an available option in your area.

- When invoicing for reimbursement, be sure to use the Billable Unit Referral ID (i.e. RF number), Case ID and Billing Code from the referral.

- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).

- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is 35-45 days from the date the invoice is received.

- Additional information regarding the **Initial Clothing Allotment** is available in the DCS Foster Parent Provider Manual, available at: [www.in.gov/dcs/2985.htm](http://www.in.gov/dcs/2985.htm)
CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor
JANE DOE

2. Last four digits of Tax ID/SSN
1234

3. ST number
ST00001234

4. Invoice number
JUN-16

5. Date of invoice
7/1/2016

6. Address (number and street, city, state, and ZIP code)
123 FOSTER STREET, ANYTOWN, IN 46789

9. Invoice Service Type
- Residential
- LCPA
- Relative
- Foster Parent
- Family Preservation
- Older Youth
- Adoption
- Home Builders
- CMHC
- Medicaid
- Group
- Court
- Reports

10. For the period:
From: JUNE 1, Year 2016 to JUNE 30, Year 2016

11. Total of Claim
$85.59

<table>
<thead>
<tr>
<th>BILLABLE UNIT REFERRAL ID</th>
<th>B. CASE ID</th>
<th>NAME / COMMENTS / DOCUMENTATION</th>
<th>B. BILLING CODE</th>
<th>B. BEGIN</th>
<th>B. END</th>
<th>BILLING CODE</th>
<th>BILLING CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF0012345</td>
<td>12345678</td>
<td>JOHNNY WARD - INITIAL CLOTHING PURCHASED</td>
<td>30002.9</td>
<td>06/05/16</td>
<td>06/05/16</td>
<td>1.00</td>
<td>85.59</td>
</tr>
</tbody>
</table>

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

2. Last four digits of Tax ID/SSN 5. Date of invoice
7/1/2016
6. Address (number and street, city, state, and ZIP code)
123 FOSTER STREET, ANYTOWN, IN 46789
8. Page 1 of 1 Pages
11. Total of Claim $85.59
12. COUNTY MARION
13. BILLING CODE 30002.9
14. CASE ID 12345678
15. BILLING CODE 30002.9
16. SIGNATURE OF VENDOR JANE DOE
22. Signature of vendor
JANE DOE
23. Telephone number of vendor
317-555-1234
24. E-mail address of vendor
JANE.DOE@GMAIL.COM
25. Date (month, day, year)
7/1/2016
Foster Care per diem rates include approx 5.3 miles per day or approx 165 miles per child per month, so the Foster Parent Travel Invoice (RECEIVING Per Diem) provides a mechanism for billing DCS when allowable mileage per month exceeds 165 miles per child.

**Allowable** mileage includes the following:

1. Travel between the foster home and school, to the extent that school transportation is not provided.
2. Travel to physical or behavioral health appointments.
3. Travel for administrative case or judicial review, team meetings, foster parent training or visitations.
4. Travel for Head Start, summer school, pre-school, summer camp or driver’s education classes.*
5. Travel for youth 16 and older to and from employment or job search.
6. **Other:** Must be authorized by DCS and must have prior Local Office Director approval before the trip. Please attach authorization to the travel invoice.

Each Travel Invoice must include mileage for a single month and must include all children for which mileage is claimed.

Please use MapQuest ([www.MapQuest.com](http://www.MapQuest.com)) to determine distances. If more than one route is offered by MapQuest, use the **shortest distance** from those offered.

Please note that the mileage rate is subject to change. Current and previous rates are available at: [www.in.gov/idoa/2459.htm](http://www.in.gov/idoa/2459.htm)

Using the Excel version of the Foster Parent Travel Invoice allows calculations to occur automatically, and includes multiple rates available to accommodate changes in rate.

The Foster Parent Travel Invoice as well as more specific instructions are available on the Licensed Foster Parent Resources screen of the DCS website: [www.in.gov/dcs/2985.htm](http://www.in.gov/dcs/2985.htm)

*Please note that travel to/from day care & Early Head Start is **NOT** included in allowable mileage.*
### Example Foster Parent Travel Invoice (Receiving Per Diem)

#### INSTRUCTIONS:
1. All children that are being claimed must be listed on same invoice; separate invoice for each child are not permitted.
2. Record each segment of travel (Round Trip will be two lines) including starting and destination addresses.
3. Use MapQuest website to determine mileage. Must use shortest route function.
4. Provide Reason Code for each segment of travel as defined below.
5. Use multiple sheets as needed.
6. Invoice must be for only one month at a time.
7. Invoice must be sent to KidTraks Invoicing at the address below.
8. CPA foster parents will not have a ST number.

<table>
<thead>
<tr>
<th>Date</th>
<th>Starting Address (number and street, city, state and ZIP code)</th>
<th>Destination Address (number and street, city, state and ZIP code)</th>
<th>Reason Code</th>
<th>Miles Driven</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/2/2016</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/8/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/9/2016</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/15/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/16/2016</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/23/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/24/2016</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8/30/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 47890</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

Pursuant to the provision and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual travel costs provided for the individual(s) listed on such bill. The dates, destinations, reasons and mileage for travel are true and accurate. I understand that in submitting this that I am under oath stating and affirming that this travel was provided and fully understand that this may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

<table>
<thead>
<tr>
<th>Child Person ID</th>
<th>Days in home</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456789</td>
<td>31</td>
</tr>
</tbody>
</table>

Foster Parent Name: Jane Doe

Foster Family Address: 123 Foster Street, Anytown, IN 46789

Foster Family ST Number: ST00001234

Foster Family Telephone Number: 317-555-1234

Date of Signature: 9/1/2016

DCS KidTraks Invoicing
Room W 364, MS 54
402 W Washington St.
Indianapolis, IN 46204

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### Reason Codes
1. Travel between the foster home and school, to the extent that school transportation is not provided.
2. Travel to physical or behavioral health appointments.
3. Travel for administrative case or judicial review, team meetings, foster parent training or visitations.
4. Travel for Headstart, summer school, pre-school, summer camp or driver’s education class.
5. Travel for youth sixteen (16) year and older to and from employment or searching for job.
6. Other: Must be authorized by Department and must have prior Local Office Director approval before the trip, please attach authorization.

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### Foster Parent Travel Invoice (Receiving Per Diem)

State Form #54836 (R10 / 11-16)
Approved by State Board of Accounts, 2016
INDIANA DEPARTMENT OF CHILD SERVICES

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### INSTRUCTIONS:
1. All children that are being claimed must be listed on same invoice; separate invoice for each child are not permitted.
2. Record each segment of travel (Round Trip will be two lines) including starting and destination addresses.
3. Use MapQuest website to determine mileage. Must use shortest route function.
4. Provide Reason Code for each segment of travel as defined below.
5. Use multiple sheets as needed.
6. Invoice must be for only one month at a time.
7. Invoice must be sent to KidTraks Invoicing at the address below.
8. CPA foster parents will not have a ST number.

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5. Use multiple sheets as needed.
6. Invoice must be for only one month at a time.
7. Invoice must be sent to KidTraks Invoicing at the address below.
8. CPA foster parents will not have a ST number.
 Assistance for Unlicensed Relatives

- **Initial Clothing** – up to $200 within 60 days of initial placement, following removal from the home.

- **Personal Allowance** – up to $300 per child per calendar year, available after the 8th day of placement.

- **Special Occasion Allowance** - $50 for birthday and $50 during December holidays.

- **Travel** for certain purposes.

- **Respite Care** – up to 5 days each calendar year and must be in a licensed resource parent’s home.

- **Child Care Allowance** – up to $18 per day ($90 per week) per child for licensed child care cost for relatives who work or attend school. Available up to 6 months or until CCDF begins.

- **Bedding Allowance** – one-time payment; up to $400 per child.

- **Educational Needs Funding** -- for the cost of a High School Equivalency Certificate, tutoring and summer school.

**PLEASE NOTE:** All above expenses require a referral except for Special Occasion Allowance and Travel.
## Payments Made to Unlicensed Relative Placements

### Clothing

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial clothing &amp; personal allotment</td>
<td>$200 maximum per child</td>
</tr>
<tr>
<td>Clothing - Director's Note</td>
<td>$300 extra with request approval of LOD</td>
</tr>
<tr>
<td>School uniforms</td>
<td>No-a request is required unless initial</td>
</tr>
<tr>
<td>Sudden weight gain or loss</td>
<td>No-a request is required</td>
</tr>
<tr>
<td>Other uniforms (sports, band)</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Special Circumstances</td>
<td></td>
</tr>
<tr>
<td>Prom</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Other special occasion</td>
<td>Personal Allowance</td>
</tr>
</tbody>
</table>

### Bedding

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed and bedding</td>
<td>up to $400 per lifetime, per child</td>
</tr>
<tr>
<td>*one time payment - approved referral must be in place prior to purchase &amp; items go with child when moved.</td>
<td></td>
</tr>
</tbody>
</table>

### Client Travel

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td>Yes - begins at mile 1</td>
</tr>
<tr>
<td>Bus Passes</td>
<td>No</td>
</tr>
<tr>
<td>Transportation vouchers</td>
<td>No</td>
</tr>
<tr>
<td>Gas Cards</td>
<td>No</td>
</tr>
<tr>
<td>Taxi</td>
<td>No</td>
</tr>
</tbody>
</table>

### Recreation

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team sports leagues</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Lessons (sports, music, dance)</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Special events (prom dress, etc)</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Summer camp</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Musical instruments</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Sporting equipment</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Youth club dues</td>
<td>Personal Allowance</td>
</tr>
<tr>
<td>Community center dues</td>
<td>Personal Allowance</td>
</tr>
</tbody>
</table>

### Respite

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite</td>
<td>Up to 5 days per calendar year</td>
</tr>
<tr>
<td>*must be in a licensed foster parent home - referral required</td>
<td></td>
</tr>
<tr>
<td>*per diem based on level 1 of supervision and age of child</td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car seats</td>
<td>Contact Relative Care Specialist</td>
</tr>
<tr>
<td>Miscellaneous - Director's Note</td>
<td>$300 extra with request approval of LOD</td>
</tr>
</tbody>
</table>

### Special Occasion Allowance

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthday - $50 (no referral)</td>
<td>must be in relative's care on day of birthday</td>
</tr>
<tr>
<td>December holiday - $50 (no referral)</td>
<td>must be in relative's care on December 25th</td>
</tr>
</tbody>
</table>

### Child Care

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>$18/day - $90/week</td>
</tr>
</tbody>
</table>

*only if needed during work or school hours
*will pay per child up to 6 months only if relative becomes licensed or begins receiving CCDF, funding will end
*child care center or home that is licensed, registered, or the appropriate background checks have been conducted

### Director's Note

- The LOD can approve additional funding, up to the “extra” established limits instead of the RM for children in own home or with unlicensed relatives. This would include $300 extra for clothing, $500 extra for rent and utilities and $300 extra for miscellaneous expenses. In addition there are no longer restrictions on buying clothing for children in their own home when emergencies arise with the approval of the LOD. The LOD should ensure that the Regional Finance Manager is copied on all approved additional funding requests.

### Request for Additional Funding

- The FCM will complete and submit for approval SF 54870 Request for Additional Funding form. Detail unusual circumstances, the exact reason the service/item is needed and efforts made to locate alternative funding, including community supports and services, prior to the expenditure of any additional funds. Approval or Denial will be copied to the Regional Finance Manager.
Invoicing for Resource Parent Travel
(NOT Receiving Per Diem)

• **Allowable** mileage for relative travel includes the following:
  1. Travel between the relative home and **school**, to the extent that school transportation is not provided.
  2. Travel to **physical or behavioral health appointments**.
  3. Travel for **administrative case or judicial review, team meetings, foster parent training or visitations**.
  4. Travel for **Head Start, summer school, pre-school, summer camp or driver education classes**.*
  5. Travel for youth 16 and older to and from **employment or job search**.
  6. **Other**: Must be authorized by DCS and must have prior Local Office Director approval before the trip. Please attach authorization to the travel invoice.

• Each Travel Invoice must include mileage for a single month and must include all children for which mileage is claimed.

• Please use **MapQuest** ([www.MapQuest.com](http://www.MapQuest.com)) to determine distances. If more than one route is offered by MapQuest, use the **shortest distance** from those offered.

• **Please note that the mileage rate is subject to change.**
  Current and previous rates are available at: [www.in.gov/idoa/2459.htm](http://www.in.gov/idoa/2459.htm)

• Using the **Excel** version of the Resource Parent Travel Invoice allows calculations to occur automatically and includes multiple rates available to accommodate rate changes.

• The Resource Parent Travel Invoice as well as more specific instructions for relative travel are available on the **Forms** screen of the DCS website: [www.in.gov/dcs/2328.htm](http://www.in.gov/dcs/2328.htm)

*Please note that travel to/from **day care & Early Head Start** is **NOT** included in allowable mileage.*
### Example Resource Parent Travel Invoice (NOT Receiving Per Diem)

#### Reason Codes
1. Travel between the relative home and school, to the extent that school transportation is not provided.
2. Travel to physical or behavioral health appointments.
3. Travel for administrative case or judicial review, team meetings, foster parent training or visitations.
4. Travel for Headstart, summer school, pre-school, summer camp or driver's education class.
5. Travel for youth sixteen (16) year and older to and from employment or searching for job.
6. Other: Must be authorized by Department and must have prior Local Office Director approval before the trip, please attach authorization.
7. Pre-Adoptive/Pre-Placement Travel

<table>
<thead>
<tr>
<th>Date</th>
<th>Starting Address (number and street, city, state and ZIP code)</th>
<th>Destination Address (number and street, city, state and ZIP code)</th>
<th>Reason Code</th>
<th>Miles Driven</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/1/2016</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/1/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>2</td>
<td>50</td>
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<tr>
<td>8/2/2016</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/2/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/8/2016</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/8/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/15/2016</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>2</td>
<td>50</td>
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<tr>
<td>8/15/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/23/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/23/2016</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/30/2016</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>8/30/2016</td>
<td>789 Elm Street, Othertown, IN 46789</td>
<td>123 Foster Street, Anytown, IN 46789</td>
<td>2</td>
<td>50</td>
</tr>
</tbody>
</table>

**Pursuant to the provision and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.**

<table>
<thead>
<tr>
<th>Reason Codes</th>
<th>Total Miles Driven (All)</th>
<th>Total Claimable $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500</td>
<td>$190.00</td>
</tr>
</tbody>
</table>

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual travel costs provided for the individual(s) listed on such bill. The dates, destinations, reasons and mileage for travel are true and accurate. I understand that in submitting this that I am under oath stating and affirming that this travel was provided and fully understand that this may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

**Relative Family Name**
Jane Doe

**Relative Family Address**
123 Foster Street, Anytown, IN 46789

**Relative Family Email Address**
Jane.Doe@gmail.com

**Relative Family Signature**
Jane Doe

**Relative Family Telephone Number**
317-555-1234

**Date of Signature**
9/1/2016
Resource Parent Reimbursement of Child Care Expenses

- **Child care funding** (if needed for work or school hours) is available for up to 6 months to a resource parent not receiving foster care per diem. Funding is available up to $18 per day or $90 per week per child, for child care costs in a child care center or home that is licensed, registered, or the appropriate background checks have been conducted.

- This funding is available for up to 6 months only. If the resource parent begins receiving foster care per diem or Child Care Development Fund (CCDF) prior to the end of 6 months, the child care funding will end.

- An invoice for child care must include an invoice line for every day of service for each child in care; date ranges are not currently allowable. For example, if billing for the week of August 1st thru August 5th, the invoice would have 5 invoice lines for that 1 week. The first line would be 8/1/16 for both Begin Date and End Date (boxes 17 & 18 on the invoice). The Unit (box 19) would be “1” and the Rate (box 20) would be the daily rate, up to the $18.00 daily limit. Box 13 would reflect the Billable Unit Referral ID (RF# from the referral); and the Billing Code, also on the referral, is entered in box 16 on the invoice.

- Use of the Excel version of the Standard Invoice form (available at: www.in.gov/dcs/2328.htm) would allow copy & paste of billing information from line to line vs. writing each invoice line individually.

- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).
## Example Invoice

**Resource Parent Reimbursement of Child Care Expenses**

Receipts are required when reimbursing resource parent...copies of receipts are preferred vs. original receipts

---

**CLAIM FOR SUPPORT OF CHILDREN**

Payable from Family and Children Funds

State Form 28808 (R16 - 10-15) / DCS 0327

Approved by State Board of Accounts, 2015

INDIANA DEPARTMENT OF CHILD SERVICES

---

**1. Name of vendor**

JANE DOE

---

**2. Last four digits of Tax ID/SSN**

1234

---

**3. ST number**

ST00001234

---

**4. Invoice number**

AUG-16

---

**5. Date of invoice**

9/1/2016

---

**6. Address (number and street, city, state, and ZIP code)**

123 DAYCARE STREET, ANYTOWN, IN 46789

---

**7. Invoice Type**

☑ First Bill ☐ Rate Adjust ☐ Re-Bill ☐ Appeal

---

**8. Page**

1 of 1

---

**9. Invoice Service Type**

☑ Residential ☐ LCRA ☐ Relative ☐ Foster Parent ☑ Family Preservation ☐ Older Youth ☐ Adoption

☑ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

---

**10. For the period:**

From: AUGUST 1, Year 2016 to AUGUST 31, Year 2016

---

**11. Total of Claim**

$288.00

---

### CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE

<table>
<thead>
<tr>
<th>R. COUNTY</th>
<th>B. BILLABLE UNIT REFERRAL ID</th>
<th>B. NAME / COMMENTS / DOCUMENTATION</th>
<th>B. BILLING CODE</th>
<th>B. BEGIN</th>
<th>B. END</th>
<th>B. UNIT</th>
<th>RATE</th>
<th>B. TOTAL COST</th>
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<tbody>
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<td>Janie Doe</td>
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<td>Janie Doe</td>
<td>10514.882</td>
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<td>18.00</td>
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<td>Janie Doe</td>
<td>10514.882</td>
<td>08/31/16</td>
<td>08/31/16</td>
<td>1.00</td>
<td>18.00</td>
<td>18.00</td>
</tr>
</tbody>
</table>

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total 288.00

---

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

---

**22. Signature of vendor**

Jane Doe

---

**23. Telephone number of vendor**

317-555-1234

---

**24. E-mail address of vendor**

JANE.DOE@GMAIL.COM

---

**25. Date (month, day, year)**

9/1/2016

---
Since there are no referrals for these services, please leave Billable Unit Referral ID blank and enter Case ID & Person ID, as well as Billing Code as follows:

- **Medical Expense** (including vision care): Billing Code 10000.935
- **Dental Expense**: Billing Code 10000.26
- **Prescription Meds**: Billing Code 30000.3372

• Multiple expenses per child can be combined on a single invoice line, as long as date of service is the same; otherwise, a new invoice line is required.

• Please remember to attach documentation supporting each expense to be reimbursed. Documentation must include an itemized bill, payment receipt, and Medicaid denial.

• A Medicaid denial or Medicaid Eligibility Inquiry sheet should be attached to each claim. The medical/dental/vision care provider will be able to provide this for you. This is important for eye and/or dental exams to show whether or not the benefit limits for the service were met prior to the current service.

• For prescriptions (including Medicaid co-pays), please attach the prescription slip that is attached to the bag, along with the receipt that indicates payment. Please ask the pharmacy for a print-out of the reason that Medicaid rejected, even if it just shows that the child is not Medicaid eligible.

• If the medication is available over-the-counter, it is not reimbursable from Medicaid or DCS. Examples include: multivitamins, cold/allergy medications, acid reflux medications, ibuprofen.

• If Medicaid is approved retroactively, DCS may require reimbursement for these expenses. Please advise the medical/dental/vision care provider or pharmacy to bill Medicaid and then seek repayment from the provider. Situations involving Walgreens and CVS generally involve contacting their corporate offices: (Walgreens 317-580-0260; CVS 800-494-4287).

• Orthodontic treatment (braces) denied by Medicaid are considered cosmetic. An approved referral, Request for Additional Funding, and Medicaid denial are required. Payments are made directly to the provider as services are rendered.
## Example Invoice

### Medical / Dental / Prescription Expenses

Receipts are required when reimbursing resource parent...copies of receipts are preferred vs. original receipts

---

**CLAIM FOR SUPPORT OF CHILDREN**
Payable from Family and Children Funds

**State Form 28808 (R16 / 10-15) / DCS 0327**
Approved by State Board of Accounts, 2015

**INDIANA DEPARTMENT OF CHILD SERVICES**

---

**1. Name of vendor**
JANE DOE

**2. Last four digits of Tax ID/SSN**
1234

**3. ST number**
ST00001234

**4. Invoice number**
SEP-16

**5. Date of invoice**
10/1/2016

**6. Address (number and street, city, state, and ZIP code)**
123 FOSTER STREET, ANYTOWN, IN 46789

**7. Invoice Type**
- First Bill
- Re-Bill
- Appeal

**8. Page**
1 of 1 Pages

**9. Invoice Service Type**
- Residential
- Foster Parent
- Medicaid
- Group
- Court
- Reports

**10. For the period:**
From: SEPTEMBER 1, Year 2016 to SEPTEMBER 30, Year 2016

**11. Total of Claim**
$432.35

---

### CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE

<table>
<thead>
<tr>
<th>S. COUNTY</th>
<th>B. UNIT REFERRAL ID</th>
<th>B. CASE ID</th>
<th>S. NAME / COMMENTS / DOCUMENTATION</th>
<th>B. BILLING CODE</th>
<th>DATES OF SERVICE</th>
<th>UNIT</th>
<th>RATE</th>
<th>TOTAL COST</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>MARION</td>
<td>12345678</td>
<td>JOHNNY WARD (PID 45678901) - Medical Expense</td>
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<td>2</td>
<td>HENDRICKS</td>
<td>23456789</td>
<td>JANIE DOE (PID 34567890) - Dental Expense</td>
<td>10000.26</td>
<td>09/15/16 to 09/15/16</td>
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<td>3</td>
<td>HENDRICKS</td>
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<td>JANIE DOE (PID 34567890) - Prescription Meds</td>
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<td>09/23/16 to 09/23/16</td>
<td>1.00</td>
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</tr>
</tbody>
</table>

---

**Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.**

Page Total $432.35

**I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.**

---

**22. Signature of vendor**

**Jane Doe**

**23. Telephone number of vendor**
317-555-1234

**24. E-mail address of vendor**
JANE.DOE@GMAIL.COM

**25. Date (month, day, year)**
10/1/2016
Invoice Completion & Submission Reminders

• **Per diem should be submitted on a separate invoice** from any other expense you’re billing for, as per diem is paid on an expedited timeframe (7 to 14 business days) vs. other payments from DCS (35 to 45 days).

• **ICPRs and service referrals** have information necessary to invoice DCS. If you do not receive these documents, please contact the child’s FCM. (Please note that Travel, Special Occasion Allowance, Medical / Dental / Prescription expenses do not require a referral; all other expenses do.)

• **Per diem** invoices cannot be submitted prior to the last day of placement claimed.

• An invoice must be received within **10 business days** from the Date of Invoice and should be received within **90 days** from the end of the month that the service was provided.

• **Receipts are required** for reimbursement of expenses; **copies** are preferred.

• **Sales tax** paid can be included in a claim for reimbursement. Total reimbursement can be claimed for the item(s) purchased plus tax up to the total amount allowed by the referral and/or per policy.
Guidelines for Receipts

- **Receipts are required** for reimbursement of expenses, including Personal Allowance, Special Occasion Allowance, Initial Clothing, Bedding, etc. and should clearly indicate the following:
  1. Item(s) purchased
  2. Cost of the item(s)
  3. Date of purchase
  4. Child for whom the item(s) were purchased (if billing for multiple children)

- When submitting receipts for reimbursement, you may want to submit a legible copy as opposed to the original receipt, as receipt paper often fades, which can also be accelerated by the use of highlighters & adhesive tape. Keeping a copy (in addition to the original receipt) for yourself is recommended as well.

- Please ensure that the receipt indicates actual payment vs. any other shipping document you might have. This is especially pertinent for on-line purchases. Similarly, receipts for purchases via layaway should indicate final payment and total payment amount.

- Please make sure that information is clearly visible on the receipt. It’s also important if you’re billing for multiple children and/or the receipts include any other purchases, that you’ve clearly indicated on the receipts which expenses are for each child [e.g. write the child’s first name next to their listed expense(s)].

- It’s also very helpful if receipt information is in the same order as entered on the invoice.
Per Diem Invoice Submission Check-List

- Do I have an active ICPR for the dates I’m billing for?
- Will invoice submission timing be within the required guidelines (after the dates I’m billing for, and within 90 days after month’s end)?
- Did I include my **Name** (box 1), **ST Number** (box 3) and **Address** (box 6)?
- Did I include an **Invoice Number** (box 4), and is it updated from previous invoices and also 8 characters or less (examples: “Sept16” or “Dec16”)?
- Is the **Invoice Date** (box 5) current and also after the last day I’m billing for?
- Do the **PL Number** (box 13), **Case ID** (box 14), **Billing Code** (box 16) and **Rate** (box 20) all match my ICPR?
- Are the **Units** (box 19) reflective of the number of days of placement for the month I’m billing? (If placement ended, do **not** bill for the day the child left).
- Does **Total Cost** (box 21) equal **Units** (box 19) times **Rate** (box 20)?
- Does the **Page Total** (bottom cell under box 21) equal the sum of the **Total Cost** of each placement listed?
- Does **Page Total** match the **Total of Claim** (box 11)?
- **Did I remember to sign my invoice** (box 22)?
Invoice Submission Check-List (Other Expenses)

☐ Do I have a Referral for the expense I’m billing (a referral is not needed for birthday & holiday allowances)?

☐ Did I attach a copy of the receipt(s) for item(s) purchased?

☐ Do receipts clearly indicate required information (see previous slide #26 for details)

☐ Will invoice submission timing be within the required guidelines (i.e., not before the purchase is made, not before the birthday/holiday; and will DCS receive within 10 business days of the Invoice Date)?

☐ Did I include my Name (box 1), ST Number (box 3) and Address (box 6)?

☐ Did I include an Invoice Number (box 4), and is it updated from previous invoices and also 8 characters or less (examples: “Sept16A” or “Dec16C”)?

☐ Is the Invoice Date (box 5) current and also after the last day I’m billing for?

☐ Do the RF Number (box 13), Case ID (box 14) and Billing Code (box 16) all match my Referral? (box 13 is to remain blank for birthday/holiday allowance)

☐ Does Total Cost (box 21) equal Units (box 19) times Rate (box 20)?

☐ Does the Page Total (bottom cell under box 21) equal the sum of the Total Cost of each expense listed?

☐ Does Page Total match the Total of Claim (box 11)?

☐ Did I remember to sign my invoice (box 22)?
An original signature is required on an invoice; submission via fax or e-mail cannot be accepted.

Once your invoice is ready to submit, please MAIL to:

DCS KidTraks Invoicing
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204

**Payment Timeline:** Payment of a per diem invoice takes between 7 and 14 business days from the date your invoice is received. Payment of other types of expenses (e.g. mileage, personal allowance, special occasion allowance) take between 35 and 45 days. **Please submit per diem on a separate invoice.**
Vendor Forms
W-9 & Direct Deposit Forms

W-9 & Direct Deposit forms are submitted (1) for a vendor to initially receive payment from the State of Indiana, and (2) when an existing vendor needs to report a change of information on-file (e.g. new banking information, change of address, adding or changing e-mail addresses for receiving EFT Notifications, etc.).

Internal submission (i.e. within the State of Indiana e-mail system, including DCS local offices) of the W-9 & Direct Deposit forms should be done via scan & e-mail to DCSResourceUnit@dcs.in.gov

Otherwise, these forms can be faxed to DCS Resource Unit at 317-232-1737 or mailed to:

DCS Resource Unit
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204

IMPORTANT: Address changes must be submitted timely via W-9 in order to avoid payment delays.

Current W-9, Direct Deposit Form and an Instruction Sheet are available at: www.in.gov/dcs/3332.htm
If you’re interested in having direct access to KidTraks, sign-up for access to the KidTraks Vendor Portal to:

1. Receive e-mail notifications for new ICPRs, referrals & payments
2. View/print ICPRs, service referrals & payment summaries
3. Submit invoices electronically via KidTraks e-Invoicing

• To sign-up for the KidTraks Vendor Portal, complete, sign & date the KidTraks Vendor Portal User Agreement, which can be found on the DCS website at: www.in.gov/dcs/2985.htm

• Completed KidTraks Vendor Portal User Agreement can be scanned & e-mailed to DCSPaymentResearchUnit@dcs.in.gov or faxed to 317-232-1737 or mailed to:

  DCS Payment Research Unit
  402 W. Washington Street, MS 54
  Indianapolis, IN 46204

• KidTraks e-Invoicing Quick Reference Guides are also available at www.in.gov/dcs/2985.htm and those provide a summary of 4 e-Invoicing opportunities: Per Diem, Personal Allowance, Birthday/Holiday Allowance, and Initial Clothing Allotment, as well as demonstration via webinar, plus step-by-step guidance.
The DCS website has a screen dedicated to providing foster care info: www.in.gov/dcs/2985.htm including the Foster Parent Provider Manual, which includes additional information regarding invoicing.

The claim form (i.e. Standard Invoice), Travel Invoice & other forms are available at: www.in.gov/dcs/2328.htm


Your Foster Care Specialist or Relative Support Specialist is available to provide guidance and support for your needs as a resource parent, including completion of an invoice.

The child’s Family Case Manager is available if you have questions or concerns about a child placed in your care, and including ICPRs & service referrals.

DCS Payment Research Unit is available if you have questions about an invoice you’ve submitted. Primary contact is via e-mail at DCSPaymentResearchUnit@dcs.in.gov or at 877-340-0309.
We appreciate all that you do helping us in

Protecting our children, families, and future!

November 2016